

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: EXODUS TRANSITIONAL CARE FACILITY (310376)

Address: 1421 FOND DU LAC AVE, KEWASKUM, WI 53040

License Status: REGULAR

Licensed/Certified/Registered 06/01/1980

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0093260 **End Date:** 08/24/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008044 Served 09/07/2004

Deficiencies Cited
50.065(2)(b)intro
83.14(1)(c)

Subject Area
ENTITY BACKGROUND CHECK REQUIREMENTS
UNIVERSAL PRECAUTIONS

Compliance
Verified

Corrected

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 09/03/2004 **SOD #**10008044 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.14(1)(c)

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